

NO. OF COPIES RECEIVED		1
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		3
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator Gulf Oil Corporation	
Address P. O. Box 670, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: ☐
Recompletion ☐	Dry Gas ☐
Change in Ownership ☐	Condensate ☒
Change in Transporter, effective 3-1-67	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Apache Federal	Well No. 11	Location, including Formation Basin Dakota	Kind of Lease State, Federal or Free Indian	Lease No.
Location				
Unit Letter J	1650	Feet from the south	Line and 1650	Feet from the east
Line of Section 8	Section 24N	Range 5W	County Rio Arriba	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79701
Name of Authorized Transporter of Gas, Condensate or Dry Gas El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1161, El Paso, Texas
If well produces oil or liquids, give location of tanks.	Is gas naturally condensed?
J 8 24N 5W	Yes unknown

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Well	Gas well	New well	Workover	Deepen	Flow Back	Same as last	Diff. Restr.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	S. B. T. D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Bar	Turnout Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			
BACKS CEMENT								
OIL CONC.								
D.S.D.								

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

Area Production Manager

(Title)

2-24-67

Date

OIL CONSERVATION COMMISSION

FEB 24 1967

APPROVED _____, 19____

BY **Original Signed by Emery C. Arrell**

TITLE **SUPERVISOR DIST. #9**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells